PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

1046-010P

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER SMALL	
TOTAL CLAIMS			/6		(Soldini 2)			RATE	FEE) 	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			/6 minus 20=		* 0			X\$ 9=	0	OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		* 0			X42=	- O		X84=	
MULTIPLE DEPENDENT CLAIM PI								745-		OR	704-	
* 15	the difference	in solumn 4 is	less then a	oro enter	"O" :			+140=	0	OR	+280=	
^ IT			ess than zero, enter "0" in co			column 2		TOTAL	375	OR	TOTAL	1
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL I	
_		(Column 1)		HIGH		(Column 3)	- CINALL	OMALC) 1		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL				CLAIM			+140=			+280=	
							Į	TOTAL		OR	TOTAL	
								ADDIT. FEE		OR	ADDIT. FEE	İ
1		(Column 1)		(Colur		(Column 3)				_		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	11	X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1	+140=		OR	+280=	
							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=			X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDEN				CLAIM					OR		
	f the entry in a-t-	omo d la less these t		luma C	40° !	duma 0		+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE OR ADDIT. FEE												
***	ii ine Highest Ni The "Highest Nur	imber Previously P nber Previously Pa	aid For" IN 11 id For" (Total	or Independ	s less the ent) is the	an 3, enter "3." e highest numbei			ropriate box	k in co	lumn 1.	